

E M

For KCC Use ONLY

API # 15 - \_\_\_\_\_

**IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW**

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: \_\_\_\_\_

Lease: \_\_\_\_\_

Well Number: \_\_\_\_\_

Field: \_\_\_\_\_

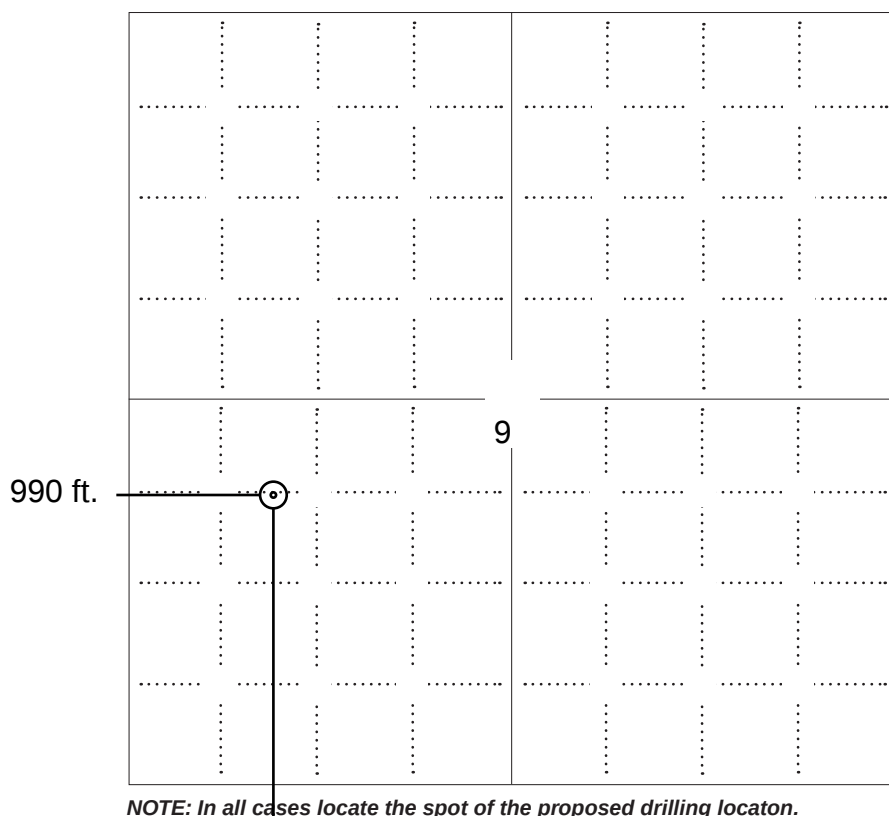
Number of Acres attributable to well: \_\_\_\_\_

QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

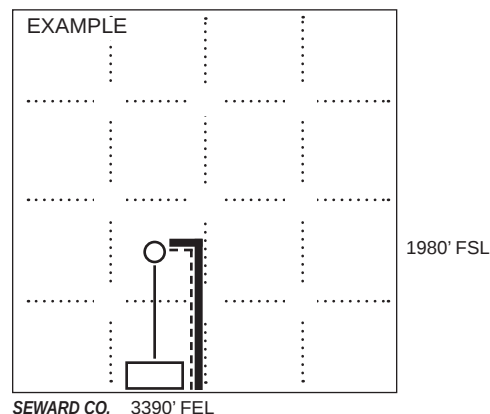
Location of Well: County: \_\_\_\_\_

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of SectionSec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ E ☐ WIs Section: ☐ Regular or ☐ Irregular**If Section is Irregular, locate well from nearest corner boundary.**Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW**PLAT**

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.

**NOTE: In all cases locate the spot of the proposed drilling location.****LEGEND**

- ☐ Well Location
- ☐ Tank Battery Location
- ☐ Pipeline Location
- ☐ Electric Line Location
- ☐ Lease Road Location



1980 ft.

**In plotting the proposed location of the well, you must show:**

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**APPLICATION FOR SURFACE PIT**

Form CDP-1  
May 2010  
**Form must be Typed**

*Submit in Duplicate*

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name:                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            | License Number:                                                                                                                                                                                                                                                                                                                                               |  |
| Operator Address:                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |  |
| Contact Person:                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            | Phone Number:                                                                                                                                                                                                                                                                                                                                                 |  |
| Lease Name & Well No.:                                                                                                                                                                                                                                                                                              |                                                                                                                                                            | Pit Location (QQQQ):<br>____ - ____ - ____ - ____<br>Sec. ____ Twp. ____ R. ____ <input type="checkbox"/> East <input type="checkbox"/> West<br>____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>____ County |  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br><i>(If WP Supply API No. or Year Drilled)</i>             | Pit is:<br><input type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed:<br>_____<br>Pit capacity:<br>_____ (bbls) |                                                                                                                                                                                                                                                                                                                                                               |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                            | Chloride concentration: _____ mg/l<br><i>(For Emergency Pits and Settling Pits only)</i>                                                                                                                                                                                                                                                                      |  |
| Is the bottom below ground level?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                       | Artificial Liner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                              | How is the pit lined if a plastic liner is not used?                                                                                                                                                                                                                                                                                                          |  |
| Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits<br>Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit                                                                                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |  |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure.                                                                                                                                                                                                           |                                                                                                                                                            | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.                                                                                                                                                                                                                                               |  |
| Distance to nearest water well within one-mile of pit:<br>_____ feet    Depth of water well _____ feet                                                                                                                                                                                                              |                                                                                                                                                            | Depth to shallowest fresh water _____ feet.<br>Source of information:<br><input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR                                                                                                                                            |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                            | <b>Drilling, Workover and Haul-Off Pits ONLY:</b><br>Type of material utilized in drilling/workover: _____<br>Number of working pits to be utilized: _____<br>Abandonment procedure: _____<br>_____<br>Drill pits must be closed within 365 days of spud date.                                                                                                |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |  |

**KCC OFFICE USE ONLY**

☐ Liner    ☐ Steel Pit    ☐ RFAC    ☐ RFAS

Date Received: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Date: \_\_\_\_\_ Lease Inspection: ☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
January 2014  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed: ☐ **C-1** (Intent) ☐ **CB-1** (Cathodic Protection Borehole Intent) ☐ **T-1** (Transfer) ☐ **CP-1** (Plugging Application)

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Well Location:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- ☐ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I Submitted Electronically

I

# KSONA - Potential Tank Battery Location and Lease Road

## PLOT OF THE INTENDED WELL

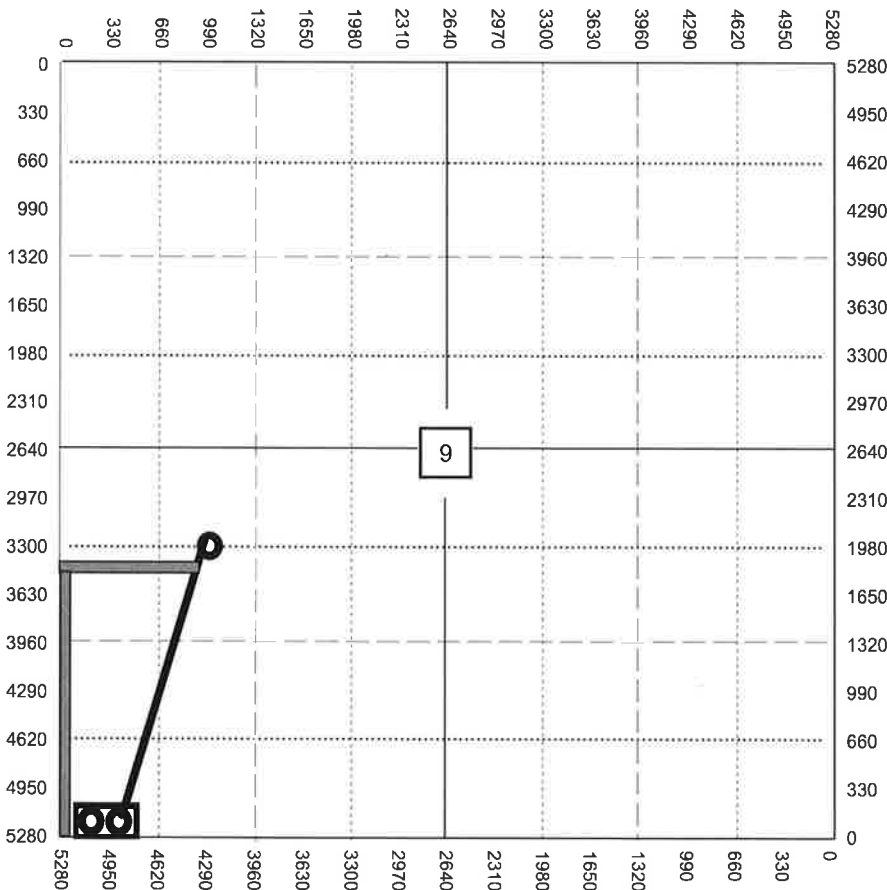
Operator: McCoy Petroleum Corporation  
 Lease: NORRIS "A" #1-9  
 Well Number: #1-9  
 Field: Wildcat  
 Number of Acres attributable to well: 80  
 QTR/QTR/QTR/QTR of acreage: SW

Location of Well: County: E2 NW SW Sumner County  
 1980 feet from ☐ N / ☒ S Line of Section  
 990 feet from ☐ E / ☒ W Line of Section  
 Sec 9 Twp. 33 S Rng. 1 ☒ E ☐ W  
 Is Section ☒ Regular or ☐ Irregular

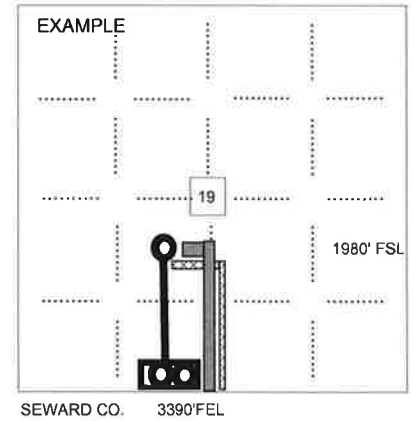
If Section is Irregular, locate well from nearest corner boundary.  
 Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW

## PLAT

Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines,  
 as required by the Kansas Surface Owner Notice Act (House Bill 2032).



- LEGEND**
- Well Location
  - Tank Battery Location
  - Pipeline Location
  - Electric Line Location
  - Lease Road Location

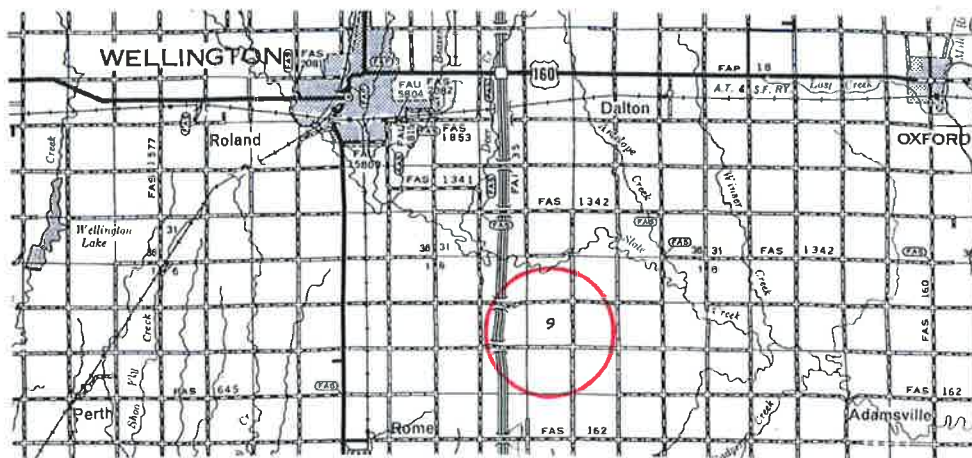
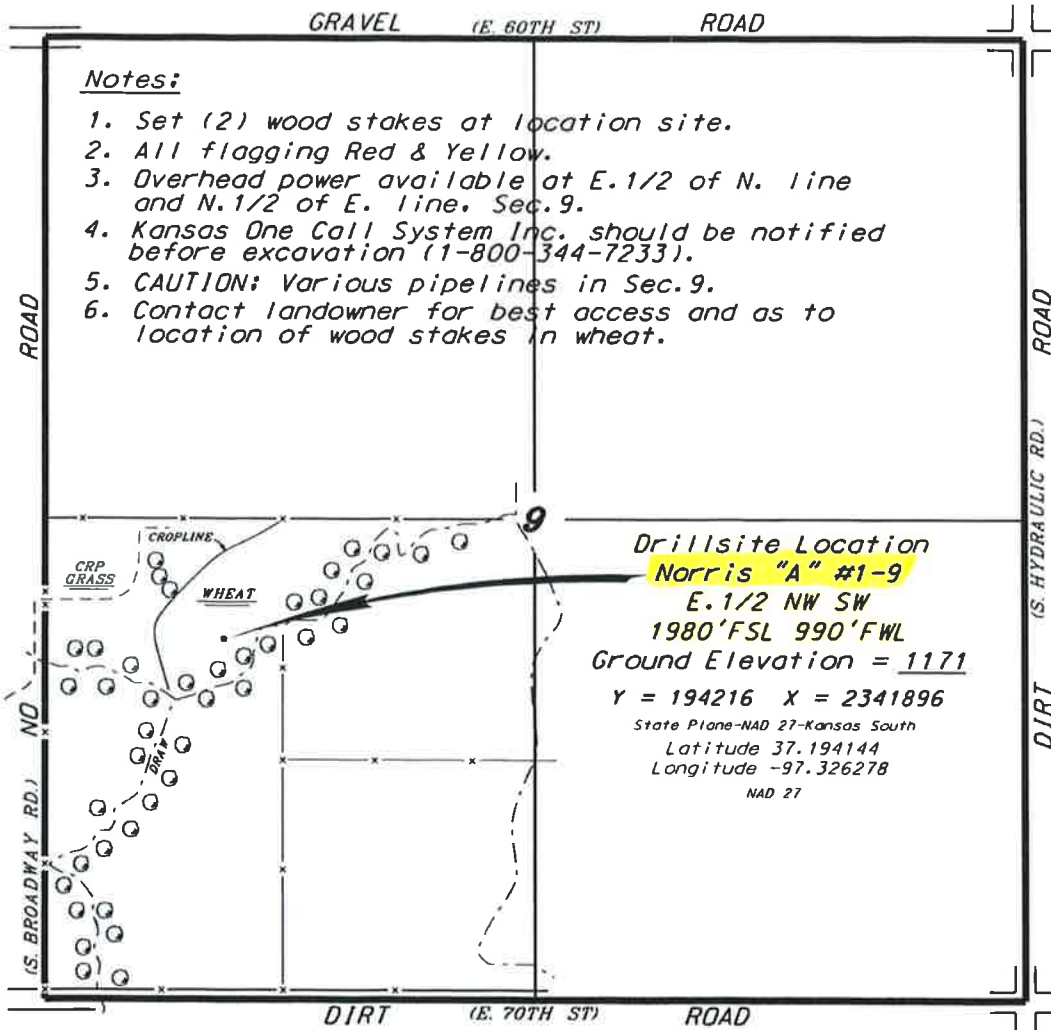


**NOTE: Spot of the proposed drilling location.**

# MCCOY PETROLEUM CORPORATION

## NORRIS LEASE

SW.1/4, SECTION 9, T33S, R1E  
SUMNER COUNTY, KANSAS



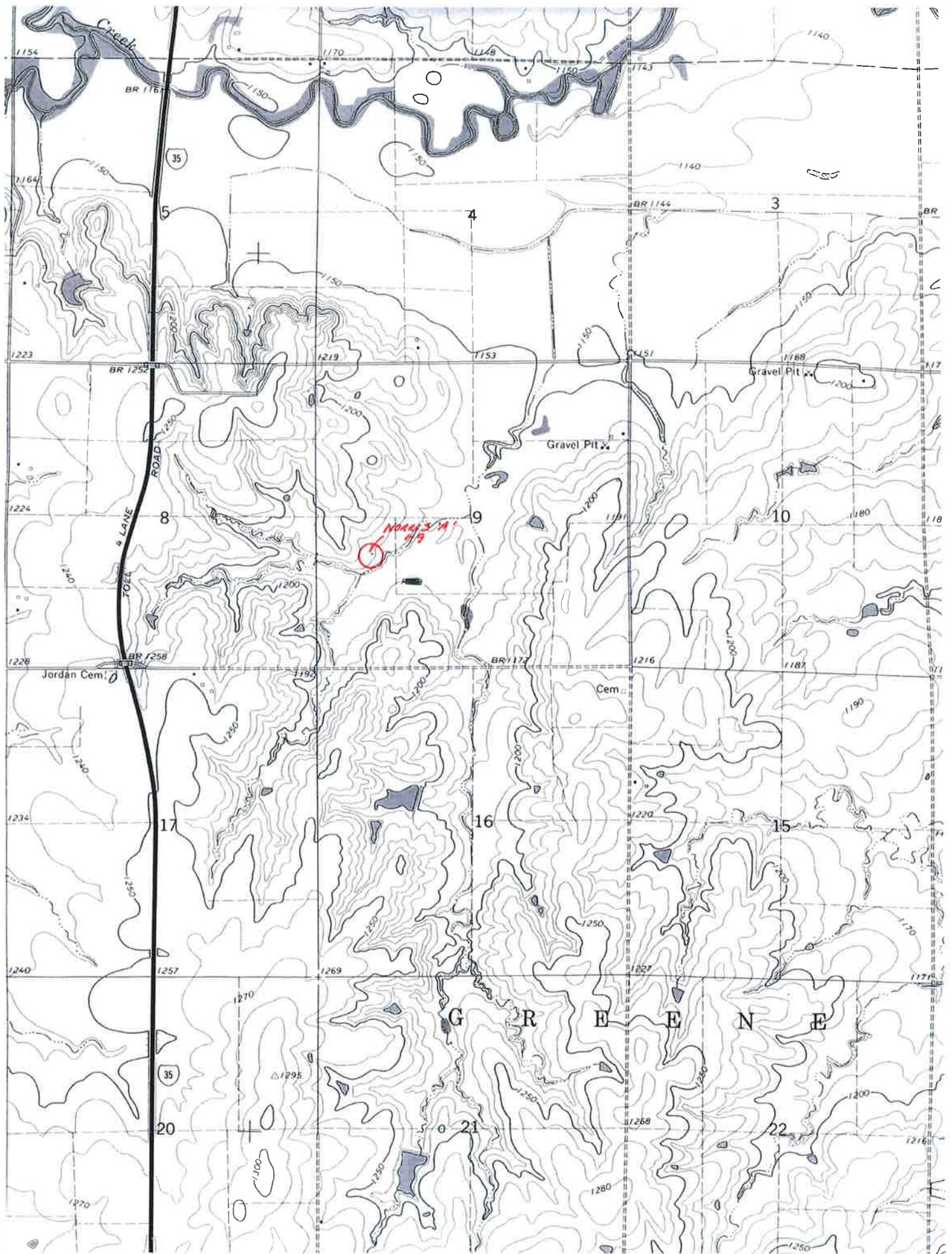
\* Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.

\* Approximate section lines were determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plot and all other parties relying thereon agree to hold Central Kansas Oilfield Services, Inc., its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.

\* Elevations derived from National Geodetic Vertical Datum.

Date February 10, 2022

CENTRAL KANSAS OILFIELD SERVICES, INC. (620)792-1977



Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Dwight D. Keen, Chair  
Susan K. Duffy, Commissioner  
Andrew J. French, Commissioner

Laura Kelly, Governor

February 22, 2022

Brent Reinhardt  
McCoy Petroleum Corporation  
9342 E CENTRAL  
WICHITA, KS 67206-2573

Re: Drilling Pit Application  
NORRIS "A" 1-9  
SW/4 Sec.09-33S-01E  
Sumner County, Kansas

Dear Brent Reinhardt:

District staff has inspected the above referenced location and has determined that an unsealed condition will present a pollution threat to water resources.

District staff has recommended that the reserve pit be lined with bentonite or native clay, constructed **without slots**, the bottom shall be flat and reasonably level and the free fluids must be removed. The fluids are to be removed from the reserve pit after drilling operations have ceased.

**If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.**

The fluids should be taken to an authorized disposal well. Please call the District Office at (316) 337-7400 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

**A copy of this letter should be posted in the doghouse along with the approved Intent to Drill.** If you have any questions or concerns please feel free to contact the District Office at (316) 337-7400.